

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Minnesota Democratic-Farmer-Labor Party**

Full Name (Last, First, Middle Initial)

**A. Cheryl Poling**

Mailing Address 18980 Pheasant Cir

City

Eden Prairie

State

MN

Zip Code

55346-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota Medical Center

Occupation

Administrative Auditor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

09 / 22 / 2014

Transaction ID : C10067549

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Jeremy Powers**

Mailing Address 7373 Memory Ln NE

City

Fridley

State

MN

Zip Code

55432-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self/Webitality

Occupation

Web Developer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C10070099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Nickolas Priadka**

Mailing Address 6460 Ivy Way

City

Minneapolis

State

MN

Zip Code

55436-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2014

Transaction ID : C10048014

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00